

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date

SUSANNA M. DIAZ  
PRIMARY EXAMINER

(Primary Examiner)

(Date)

**Total Claims Allowed: 28**

O.G.  
Print Claim(s)

O.G.  
Print File

12

☐ Claims renumbered in the same order as presented by applicant

☐ CPA☐ T.D☐ R 147

Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1	25	31		61		91		121		151				181
2	2		32	9	62		92		122		152				182
3	3		33	27	63		93		123		153				183
4	4		34	28	64		94		124		154				184
	5		35		65		95		125		155				185
	6		36		66		96		126		156				186
	7		37		67		97		127		157				187
	8		38		68		98		128		158				188
19	9		39		69		99		129		159				189
	10		40		70		100		130		160				190
	11		41		71		101		131		161				191
5	12		42		72		102		132		162				192
6	13		43		73		103		133		163				193
7	14		44		74		104		134		164				194
8	15		45		75		105		135		165				195
10	16		46		76		106		136		166				196
11	17		47		77		107		137		167				197
12	18		48		78		108		138		168				198
13	19		49		79		109		139		169				199
14	20		50		80		110		140		170				200
15	21		51		81		111		141		171				201
16	22		52		82		112		142		172				202
17	23		53		83		113		143		173				203
18	24		54		84		114		144		174				204
	25		55		85		115		145		175				205
20	26		56		86		116		146		176				206
21	27		57		87		117		147		177				207
22	28		58		88		118		148		178				208
23	29		59		89		119		149		179				209
24	30	26	60		90		120		150		180				210